

## **INTEGRATED CARE FRAMEWORK FOR THE ELDERLY**

The ageing of the Singapore population prompts policy makers to take proactive steps to manage the projected large elderly populations in the future. Today, at 7% of the population, there are already challenges, as the elderly make disproportionately large use of medical facilities and long-stay facilities. With not just increasing numbers of elderly, but increasing numbers of "old old", the disability rates will increase in the future.

In anticipation of the greater challenges to adequately meet the needs of an increasingly older population in the future, an InterMinisterial Committee on Health Care for the Elderly, set up in 1997, put up its report in Feb 99. Another Committee, the Ministerial Committee on the Ageing Population, which addressed a comprehensive framework to meet the challenges of an ageing population, was set up in 1998 and it put up its report in Nov 99. Their recommendations are being implemented.

The principles of health care for the elderly are:

- To emphasize on health promotion and disease prevention, so as to minimise/delay disability and ill health
- That elderly should be cared for in the community for as long as possible, and that institutionalisation should be a measure of last resort
- As far as possible, lower end and cheaper services should be used, where appropriate.
- The individual and his family should take responsibility for the health, medical needs and financial security of the elderly.
- Long term care should be provided by VWOs and the private sector.
- Health care should be affordable, and long term care should be affordable and sustainable for the individual and society.

A wide range of facilities and services for the elderly are already provided. These are: geriatric units in acute hospitals, community hospitals for rehabilitation and for those who do not require high technology medical care, outpatient care, day rehabilitation centres, dementia in-patient and day care, hospices, nursing homes, home medical, home nursing and home help services.

In addition, the Ministry introduced two new preventive programmes in the last year : a national community health screening programme to detect high blood pressure, diabetes and high blood cholesterol in older people, and the Comprehensive Chronic Care Programme, which aims to ensure good care for those identified to have diabetes and high blood pressure, so as to reduce severe

complications like heart attacks, stroke, blindness and kidney failure. In addition, the Ministry launched the Primary Care Partnership Scheme in Oct last year, where general practitioners are contracted to provide subsidised medical services to needy elderly who do not live close to polyclinics.

Although the range of services are comprehensive, step down care still faces deficiencies. The problems today are lack of integration of services, shortfall of nursing home beds and uneven standards of care. Ministry of Health has therefore put in place a framework to ensure more seamless care and of acceptable and more uniform standards. The components of this framework are:

- Professional leadership from geriatric departments
- Additional services (day rehabilitation, home medical and home nursing) to be provided by approved community hospital and nursing home providers to ensure better integration for elderly whose needs may change over time
- Additional funding to approved providers to enable them to fulfil their responsibilities
- Service agreements to be signed with approved providers
- Auditing of approved providers to ensure that they meet specified criteria and standards
- Establishment of guidelines and standards of care for all step-down facilities, with a view to incorporation in licensing requirements

The framework plan took effect from 1 Apr '01 with 4 nursing homes and 3 community hospitals. However, approved providers may take some time to fully comply with Ministry's requirements. Additional approvals will be considered, on assessment of this scheme after 6 – 12 months.

There are 7 VWO nursing homes which will complete development either this year or within the next 1 or 2 years. Two of them have already started admitting patients. They will provide a total of 1,400 additional nursing home beds. In addition, to provide for the increasingly affluent elderly of the future, land has been tendered out to the private sector to build private nursing homes. Two plots have been taken up, and more lots will be released over the next few years, depending on market response. We will have an adequate number of nursing home beds in 2 – 3 years' time.

To ensure affordability to the individual and society, MOH has also implemented/will be implementing the following:

- Means testing and 3-tier funding, of nursing home residents since Jul '00, and to be extended to all step-down facilities later this year. This is to ensure that subsidy goes to the needy, on a sliding scale based on per capita income

- Provision of Medifund to residential step-down facilities, as an additional source of revenue to assist needy patients, to reduce fund-raising efforts of VWOs.
- Establishment of Eldercare Fund, an endowment fund built up by government budget surpluses, whereby only interest income is used to fund step-down facilities. With a targeted capital sum of \$2.5 billion by 2010, taxpayers' burden will not be increased to fund step-down facilities in the future.
- A severe disability insurance scheme is being developed, whereby insurance co-pays for elderly who have severe disability, to make care more affordable.